Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
TOTAL CLAIMS			(Column 1)		(Colu	Column 2)		TYPE [	J	OR	SMALL	
			77				,,	RATE	FEE	4	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			45 mi	nus 20=	* 0	25		X\$ 9=		OR	X\$18=	450
INDEPENDENT CLAIMS			7 minus 3 = *					X43=		OR	X86=	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT /					+145=		OR	+290=	-
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2		TOTAL		OR	TOTAL	1260
CLAIMS AS AMENDED - PART II										10,,	OTHER	, ,
		(Column 1)		(Colun	n 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF MI	Minus	***	<u> </u>	=		X43=		OR	X86=	
	FIRST PRESE	INTATION OF MI	JUIPLE DEI	PENDENT	CLAIM			+145=		OR	+290=	
							L	TOTAL			TOTAL	
		(Column 1)		(Cal	O\	(O=1:= 0)	Δ	ADDIT. FEE			ADDIT. FEE	
		(Column 1) CLAIMS		(Colum		(Column 3)	1 5	-	ADDI	ır		1001
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		~		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	PENDENT	CLAIM		▎┟					
							L	+145=		OR	+290=	
		А	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE						
. ,	·	(Column 1)	·	(Colum		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	上	X43=		ŀ	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		·  -	-		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR A	TOTAL DDIT. FEE	
Ţ	he "Highest Num	mber Previously Paid ber Previously Paid	id For" IN THIS I For" (Total or	SPACE is Independer	ress than nt) is the	ា 3, enter "3." highest number			ropriate box			